Focus Group to Review

The Centers for AIDS Research (CFAR) Program National Institutes of Health

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Vanderbilt University Medical Center

Vanderbilt University School of Medicine AIDS Vaccine Evaluation Unit Divisions of Infectious Diseases A-4103 Medical Center North Nashville, TN 37232-2582 Office: (615) 322-HOPE Fax: (615) 322-8222

July 22, 1999

Neal Nathanson, M.D. Director, Office of AIDS Research Building 31, Room 4C02 National Institutes of Health Bethesda, MD 20892

Dear Dr. Nathanson,

Please find enclosed the report of the Focus Group on the CFAR program. The committee consisted of individuals representing a broad variety of perspectives and expertise. The process was informed by reviewing the history of the CFAR program, including comments from the 1997 Levine Report, evaluating the current CFAR Program Announcement, and examining the organization and accomplishments of the current CFAR units. In addition, the committee interviewed selected CFAR directors and reviewed Center Programs within other institutes, particularly NCI and NIMH. Staff from NIAID, NIMH, NIDA, NICHD, NHLBI, and NCI were also questioned about their contributions to the CFAR program, and its structure and management.

The primary objective of the Focus Group was to define the role and scope of the CFAR program needed to achieve optimal speed, flexibility, and creativity in the research efforts to control and eradicate HIV/AIDS. A secondary objective was to identify mechanisms to enhance the effectiveness and efficiency of the program. After 2 days of discussion May 17-18, 1999, the group achieved consensus on the enclosed comments and recommendations that we believe will strengthen and advance the CFAR program. We focused on 1) the size and cost of the CFAR program, 2) the application and evaluation process, 3) the CFAR administration, and 4) the goals of the CFAR program.

Thank you for the opportunity to participate in this process, and I thank the members of the committee and the OAR staff for their professionalism and time in compiling information, generating discussions, and completing the report.

Sincerely,

Barney S. Graham, M.D., Ph.D. Chair, CFAR Focus Group

Focus Group to Review

The Centers for AIDS Research (CFAR) Program National Institutes of Health

Roster

Barney S. Graham, M.D., Ph.D.

Chair

Professor of Medicine

Vanderbilt University School of Medicine

Richard B. Gaynor, M.D.

Member

Professor of Medicine and Microbology University of Texas Southwestern Medical School

Diane Griffin, M.D., Ph.D.

Member

The John Hopkins University School of Hygiene and Public Health

Prof. Dr. Gerhard Hunsmann

Member

Scientific Director and

Head, Division of Virology and Immunology

Deutsches Primatenzentrum GMBH

German Primate Centre DPZ

Salim Abdool Karim, M.D.

Member

Principal Investigator and Director Centre for Epidemiological Research in Southern Africa (CERSA) Medical Research Council

Judith E. Karp, M.D.

Member

Director, Greenebaum Cancer Center

Fellowship Program

Professor of Medicine

Program in Oncology

University of Maryland

Greenebaum Cancer Center

Judith A. Levy, Ph.D.

Member

Associate Professor

University of Illinois, Chicago

School of Public Health

Ronald B. Luftig, Ph.D.

Member

Professor and Head

MIP Department

LSU Medical Center

Marian R. Neutra, Ph.D.

Member

Professor of Pediatrics

Harvard Medical School

GI Cell Biology Laboratory

Department of Pediatrics/Medicine

Children's Hospital

Robert T. Schooley, M.D.

Member

Professor of Medicine

University of Colorado Health Sciences

Center

Infectious Disease Division

Mr. Steven F. Wakefield

Member
Associate Director of Operations
The Night Ministry
AIDS Vaccine Advocacy Coalition

Eric Hunter, Ph.D.

Discussant
Professor of Microbiology and Director
AIDS Center
University of Alabama at Birmingham
UAB Station - 256 BBRB

Thomas Insel, M.D.

Discussant
Director
Yerkes Regional Primate Research Center
Emory University

Julie McElrath, M.D., Ph.D.

Discussant
University of Washington
Fred Hutchinson Cancer Research Center

Paul A. Volberding, M.D.

Discussant
Professor of Medicine
University of California, San Francisco
Director, Center for AIDS Research
Director, AIDS Program and Medical
Oncology
San Francisco General Hospital

Focus Group to Review The Centers for AIDS Research (CFAR) Program National Institutes of Health

Signature Form

Barney S. Graham, M.D., Ph.D., Chair

Prof. Dr. Gerhard Hunsmann

Salim Abdoul Karim, M.D.

Robert T. Schooley, M.D.

Introduction

In 1998, approximately 30 million people worldwide were living with HIV/AIDS, of whom about 5 million became infected just that year. The global epidemic continues to expand, with an estimated doubling time of 10 years, so that AIDS has now surpassed tuberculosis and malaria as the leading infectious cause of death. Even in the United States, where the death rate from AIDS is declining because of effective drug therapies, HIV infection rates continue to climb in a number of population groups, including women, as well as racial and ethnic minorities.

Understanding, treating, and preventing HIV infection and disease poses formidable challenges to the research community. Since the initial isolation of HIV and its identification as the causative agent of AIDS, tremendous progress has been made in understanding its fundamental biology and pathogenesis, yet much more remains to be studied. The challenges posed by the HIV/AIDS epidemic require both biomedical and behavioral interventions. In addition, AIDS is a multisystem and multiorgan disease, involving malignancies, opportunistic infections, and neurological, gynecological, ocular, oral, dermatological, metabolic, and gastrointestinal complications, affecting people across the lifespan from infancy to old age.

The Centers for AIDS Research (CFAR) program, established by the NIH in 1988, is a proven mechanism of support for the scientific infrastructure that multidisciplinary AIDS research demands. The CFAR program has created an ideal environment for multidisciplinary collaborations by bringing together basic, clinical, epidemiological and behavioral scientists. Furthermore, a central pool of resources has provided these centers with flexibility and has allowed for a rapid and coordinated response to new scientific opportunities.

In 1995, the CFAR program was evaluated in the context of a comprehensive review of the NIH AIDS Evaluation Task Force ('the Levine Report"). The Levine report, published in 1996, recommended to strengthen CFARs to promote multidisciplinary AIDS research by increasing the funding for the program. This resulted in the doubling of the CFAR program and the participation of additional Institutes and Centers (ICs). In view of the substantial changes that had been introduced, it was deemed useful to conduct a review that would focus exclusively on the structure of the CFAR program, to assess its successes and identify needed course corrections.

In 1999, a Focus Group of external consultants was convened to conduct a detailed review of the NIH CFAR program.

Background

Mission of the CFAR Program

The CFAR program at the NIH provides administrative and shared research support to synergistically enhance and coordinate high quality AIDS research projects. The CFARs accomplish this through core facilities that provide expertise, resources, and services not otherwise readily obtained through more traditional funding mechanisms.

The mission of the CFARs, as developed by the CFAR directors, is to create a multidisciplinary environment that promotes the importance of interdisciplinary collaboration, especially between basic and clinical investigators, translational research in which findings from the laboratory are brought to the clinic and vice versa, the inclusion of minorities, and prevention and behavioral research. The CFARs accomplish this mission by:

- Providing scientific leadership dedicated to AIDS research.
- Providing institutional infrastructure dedicated to AIDS research.
- Stimulating scientific collaboration and translational research.
- Foster scientific communication.
- Sponsoring training and education.
- Promoting knowledge of CFAR research findings and the importance of AIDS research through community outreach.

The History of the CFAR Program

During fiscal year 1988, the National Institute of Allergy and Infectious Diseases (NIAID) launched a new initiative intended to establish a number of CFARs at institutions committed to multiple high quality AIDS research projects, using funds specifically appropriated by Congress. Under this program, 13 CFARs were funded for the purposes of enhancing and focusing high quality, peer-reviewed, AIDS and AIDS-related research with a resulting increase in the efficiency and effectiveness of a wide variety of research programs.

The CFAR program was modeled on the Cancer Centers program of the National Cancer Institute (NCI), which was initially formed in 1961, and formally established as a result of the National Cancer Act of 1971. Cancer centers were categorized as either "comprehensive," which were engaged in long-term multidisciplinary programs in biomedical research, clinical investigation, training and community-oriented programs in education; or "specialized," which were engaged in well-defined specialized studies or forms of patient treatment. The support of these centers was institutional rather than by funding multiple individual research and project grants so that the center would integrate and promote cancer-related research activities.

In May, 1992, an *ad hoc* Program Review Committee, organized by NIAID, commended the CFAR Program, and recommended several changes to enhance the Program's effectiveness in achieving its

stated goals. The Program Review Committee suggestions included: an increased emphasis on interdisciplinary cooperation and collaboration and the use of core facilities by multiple, interactive groups; the establishment of a least one clinical core within each CFAR; the maintenance of a critical level of high quality AIDS research consisting of multiple, peer-reviewed awards; a continued demonstration of active support of the CFAR by the parent institution in terms of space, personnel, and other resources; a requirement that the CFAR director be a principal investigator of peer-reviewed funded AIDS research and a leader in the field of AIDS research; encouragement of behavioral and prevention research; support of the enrollment of women and minorities in clinical trials; and support of minority investigators.

In 1993, in response to the recommendations of the Program Review Committee, NIAID issued a one-time Request for Applications (RFA) that incorporated all of the suggested changes to the program. In 1994, twelve CFARs were funded: one by the National Institute of Mental Health (NIMH), and eleven by NIAID.

In 1996, the NIH AIDS Research Program Evaluation Task Force of the Office of AIDS Research evaluated the CFAR program and in its report (the Levine Report) recommended a 50 per cent increase in the size of the program. In response to this recommendation and following the input from the AIDS investigators, NIAID initiated a number of significant changes to the CFAR program, including the issuance of a Program Announcement (PA) with an annual receipt date, in 1998, in place of a Request for Applications (RFA).

The 1998 CFAR PA incorporated the following recommendations and changes: (1) an emphasis of the importance of a CFAR in serving the needs of all AIDS investigators; (2) an acknowledgment of the need for scientific collaborations by permitting multi-institutional CFARs; (3) the addition of five NIH Institutes for fiscal expansion and enhancement of scientific opportunities: NCI, the National Institute of Child Health and Human Development (NICHD), the National Heart, Lung, and Blood Institute (NHLBI), the National Institute on Drug Abuse (NIDA), and NIMH; (4) a scale for quantifying the funding levels of a CFAR based on the total research resources for AIDS research at an institution and the number of investigators to be served; (5) an increased scientific and fiscal flexibility, and responsibility; and (6) the requirement that a CFAR demonstrate responsible management by developing a strategic plan with policies and procedures.

Twelve awards were made in 1998 under the CFAR PA. Three CFARs are currently funded under the 1993 RFA. In 1999, three new awards under the PA will raise the total number of CFARs to eighteen.

Highlights of Scientific Advances and Collaborations of the CFARs

It is the intent of the CFAR program to provide AIDS investigators with support and organization that cannot be provided by standard research support mechanisms. The program does not directly fund specific research (except for limited feasibility studies). The program does provide infrastructure including space, equipment, expertise, and a collaborative network that enables

research to be done. In many cases such studies could not be accomplished without CFAR support.

The Appendix contains the NIH CFAR worldwide website address, which enables electronic access to the 1999 Directory. The Directory lists the CFAR Directors and sites, core designations, current projects, and major publications produced from each CFAR's investigators.

The following are several specific examples of the unique contributions made by CFARs to advance the extramural AIDS research program and to foster collaborations.

Recruitment

The CFARs have considerable leverage to attract additional AIDS investigators to an established scientific network. The CFAR at the University of Alabama, Birmingham (UAB) did not have a prevention research program four years ago. Today, UAB investigators have been awarded 4 NIH research grants and 7 grants from other organizations including the Centers for Disease Control and Prevention (CDC), the Center for Substance Abuse Treatment (CSAT), and the state of Alabama Department of Health. The program includes evaluation and measurement of HIV risk-related variables, study of and intervention with special populations at risk, including adolescents and minority women, and extension of HIV prevention to new settings and populations. The CFAR program also has developed an interface with clinicians, concerning the variety of behavioral issues that emerge in the management of HIV- infected patients and the provision of ancillary services. This interdisciplinary program has been able to integrate behavioral science, epidemiology, and biology and has been actively engaged in identifying new UAB behavioral and social scientists with an interest in HIV prevention, and in cultivating their interests.

Translational research

Collaborations between Dr. Eric Hunter and colleagues at the UAB CFAR with Dr. Dani Bolognesi and colleagues at the Duke University CFAR and Trimeris, Inc., have led to the discovery of novel peptide inhibitors of HIV-1 fusion and the definition of their mechanism of action. Pentafuside (T-20, DP-178), which is a synthetic peptide derived from a predicted helical domain of the HIV transmembrane protein, gp41, is a novel anti-HIV drug that demonstrated *in vivo* antiviral activity in a HuPBMC-SCID mouse model as evidenced by a reduced HIV-viral load in plasma, lymph nodes, spleen and peritoneal cells. This drug which inhibits an early event in HIV replication, was then evaluated in phase I clinical trials at UAB, demonstrating a full translational effort from bench to bedside.

Scientific advances and collaborations fostered by CFARs

Drs. Irvin Chen and Ron Mitsuyasu at the UCLA CFAR and Dr. Eric Bing, funded through the NIH Research Centers at Minority Institutions (RCMI) program at the King/Drew Medical Center, collaborated in an adherence study of protease inhibitors for inner-city ethnic-minority patients at King/Drew's Oasis Clinic in South Central Los Angeles. The immunology and virology tests were

conducted at UCLA and behavioral scientists developed appropriate measures for medical and behavioral adherence.

Development of the SCID-hu mouse by investigators at the CFAR at the University of California, Los Angeles would not have been possible without CFAR support. The development required a special animal BSL3 containment facility and relatively expensive equipment. As a direct result of the CFAR support of this core facility, it was shown that HIV-1 can lead to depletion of CD4+ cells in the SCID-hu mouse model (*Nature* 363:732-6, 1993). More recent studies with the mouse model demonstrated that irradiated SCID-hu chimeras could be reconstituted with purified CD34+ stem cell populations provided by the gene therapy core (*J.Virol.* 167-175, 1997). Collaborative studies with clinical investigators are being used to test anti-HIV-1 genetic elements such as anti-HIV ribozymes transduced into CD34+ hematopoietic stem cells.

The developmental core of the CFAR at the University of Washington was responsible for jump-starting one of the first acute infection cohorts in the United States, as soon as AIDS investigators identified the importance of this patient population. This acute infection cohort continues to be a source for interdisciplinary studies on pathogenesis and immune response to early HIV infection for investigators at this CFAR as well as for investigators at the University of Lausanne, the NIH, and the University of Minnesota. Current collaborative studies examining the potential reversal of the clonal depletion of HIV-1 specific T cells with early aggressive antiviral chemotherapy are ongoing.

The CFAR at Case Western Reserve University (CWRU) has played an important role in the continuing development of a Uganda/CWRU research collaboration. CWRU was involved in an early People Advocating Vaccine Education (PAVE) program among Ugandan military recruits, and later with the HIVNET PAVE, and World Health Organization Seroincidence programs, as well as a Phase I/II/III HIVIG study for prevention of vertical transmission and a vaccine trial evaluating the immunogenicity of the recombinant canarypox vaccine, ALVAC-HIV. The CWRU CFAR involves collaborators from other research institutions, organized into working groups. The CFAR collaborative working group with the CWRU/Makerere University has resulted in development of an on-site International Clinical Coordination Facility. The CFAR working group investigators engage in a unique scientific collaboration and training/mentoring of Ugandan investigators through CFAR core facilities at CWRU, on-site visits to Uganda, and computer training materials developed by CFAR investigators for investigators at the University in Uganda.

Investigators at the New York University CFAR, (some of whom are now with the Columbia/Rockefeller CFAR), the Great Lakes CFAR, and the UAB CFAR, established the importance of the CCR5 co-receptor for viral entry that resulted in the subsequent revelation that a mutation in this receptor was responsible for certain individuals being resistant to HIV infection. These studies were the result of collaborations between many investigators and the utilization of CFAR resources at multiple sites that permitted the rapid development of hypotheses and testing in the laboratory and clinic.

1999 CFAR Program Review

Rationale for the Review

In 1998, NIH issued twelve CFAR awards under a new CFAR PA. After the first cycle of receipt and review under the new CFAR PA, the overall feedback from investigators on the changes that were incorporated was quite favorable. However, NIH received a number of anecdotal reports describing both positive and negative effects that these changes have had on the CFARs and on AIDS research at institutions with a CFAR.

Some of the participating ICs suggested that it would be timely to undertake another review of the CFAR program in view of the substantial changes that had been introduced by the 1998 PA and prior to the next issuance of a CFAR PA. It was deemed useful to conduct a review that would focus exclusively on the NIH program and not a review of individual CFAR sites, in order to assess its success over the ten years since its inception and to identify needed adjustments and modifications that would address the present operation as well as anticipate its future development.

Convening of a Focus Group

In 1999, the Office of AIDS Research (OAR), in collaboration with the Institute of Allergy and Infectious Diseases (NIAID), the National Cancer Institute (NCI), the National Institute of Child Health and Human Development (NICHD), the National Heart, Lung, and Blood Institute (NHLBI), the National Institute on Drug Abuse (NIDA), and the National Institute of Mental Health (NIMH), convened a Focus Group to review the Center for AIDS Research (CFAR) program.

The NIH felt that the CFAR review would be best undertaken by convening a Focus Group of investigators representing a wide spectrum of AIDS studies as well as scientists in other fields having experience with research centers. The Focus Group would then be able to review the current CFAR program and to determine what additional changes to the program would be needed to continue the evolution of the CFAR program to meet the changing scientific needs of AIDS investigators.

The NIH also felt it was timely to receive specific recommendations from AIDS investigators, on the mission of the CFAR program, the long-term vision for the future of the program, the size and numbers of CFAR sites that the program should support, the optimal configuration of the core components of a CFAR, and the administration of the CFAR program to improve the grants management procedures of sponsoring ICs.

The Focus Group Chair, Barney Graham, M.D., Ph.D., Professor of Medicine, Vanderbilt University School of Medicine, was charged to lead the CFAR Focus Group in the development of a report with recommendations to the Office of AIDS Research Advisory Council (OARAC). The

Focus Group was composed of members who brought experience and expertise in the research fields of virology, therapeutics, immunology, and behavior, as well as administrative expertise in managing multidisciplinary research centers. The members were joined by discussants who were engaged in CFAR-related research activities, as well as two CFAR Directors.

Focus Group Meeting

The Focus Group met on May 17-18, 1999, at the DoubleTree Hotel in Rockville, Maryland.

The members were welcomed by Neal Nathanson, M.D., Director, OAR. The agenda included an overview of the CFAR program by Janet Young, Ph.D., (NIAID); as well as presentations by J. Bhorjee, Ph.D., (NCI); P. Reichelderfer, Ph.D., (NICHD); J. Khalsa, Ph.D., (NIDA); and D. Rausch, Ph.D., (NIMH). Three AIDS Coordinators also participated in the meeting: Oren Cohen, M.D., (NIAID), Elaine Sloand, M.D. (NHLBI); and Gray Handley (NICHD).

The following topic area questions were developed by NIH staff to facilitate the Focus Group review and recommendations:

What is the mission of the CFAR in the context of the NIH AIDS research agenda?

How can the multidisciplinary goals for the CFARs be best implemented and what should be the role of the NIH Institutes in contributing to these goals?

What is the appropriate size and funding level for the CFAR program?

How should the CFAR Program be evaluated?

Under Dr. Graham's guidance and leadership, the Focus Group developed an initial draft of recommendations at the conclusion of the meeting. The Focus Group members agreed upon a post-meeting review of the draft recommendations and planned to issue its report to OAR by midsummer 1999.

Focus Group Recommendations

The CFAR program has been successful in a number of areas, particularly with regard to fostering collaboration between existing research programs related to HIV and AIDS. The program has promoted multi-disciplinary approaches to AIDS/HIV-related problems and provided added value beyond the sum of the individual parts. Interdisciplinary interaction is particularly facilitated by the sharing of core resources, the process of strategic planning, and the sponsorship of conferences and symposia. Secondly, CFARs have successfully leveraged developmental funds to increase investigator-initiated R01 funding among junior faculty members, enhance faculty recruitment, refocus existing faculty not currently engaged in AIDS research on HIV-related issues, and generate local institutional support for the center program.

As part of the CFAR review, the NCI Cancer Center program was examined as a model for center program development in general. It is viewed as a successful program with a 30-year history. Many aspects of Cancer Centers development are incorporated in the Committee's recommendations for the CFAR program. However, there are distinct differences between the problems of HIV/AIDS and cancer that affect the missions of the two center programs and should be kept in mind. First, Cancer Center programs are tied to a specific constituency and patient population that create an advocacy base to promote institutional support and philanthropic giving far beyond that generated by the CFAR program. Second, Cancer Centers by their nature support research on a broad array of disease entities and in that sense can be more easily institutionalized than a center focused on one disease (such as HIV/AIDS), albeit a disease with diverse manifestations. In that regard, it was suggested that NIAID seriously consider the additional value of supporting centers that would address microbial pathogenesis and/or vaccine development on a broader level. Third, the Cancer Center program has evolved over a 30-year period, and it is perceived that the evolution of the CFAR program should occur much faster in response to the more acute problem of AIDS. Fourth, Cancer Centers are funded entirely by one Institute which facilitates coordination.

Recommendations

Size and Cost of the CFAR Program

- 1. The size and overall proportion of the NIH AIDS budget devoted to CFARs should be increased. It was felt that this should be done in a step-wise manner over the next three years and that it should be done with a minimal impact on the dollars devoted to R01 funding. Only 17 of 58 eligible sites have CFAR funding, and current CFARs are underfunded relative to other center programs such as the Cancer Centers, which are perceived to be highly successful. It was also emphasized that sustained growth of the program, particularly in terms of a percentage of the overall budget, should be contingent on improved outcome measures that can show added value of the CFAR program beyond funding of independent awards.
- 2. A multi-tiered system similar to that employed by the Cancer Center Program has many benefits including the distribution of smaller developmental awards for sites that need to increase a particular

area of research activity in order to facilitate future collaborative interactions. This mechanism of distributing the funds for CFARs was preferred over an emphasis on multi-site CFARs. A two-tiered system of CFARs is recommended; the first tier being the current type of CFAR grant and the second tier being a developmental CFAR grant.

- 3. The overall priority for applying additional funds should be to: 1) fund existing centers to the level approved by the study section; 2) increase the number of centers in part by adding a new category of developmental centers; and 3) gradually increase the cap applied to individual center grants.
- 4. The funding formula was felt to be appropriate and should remain as a sliding scale with a cap.
- 5. As there are 58 eligible sites under the current guidelines, it was not felt that the \$6 million funding base criteria should be changed, and it was felt that first-time applicants should be eligible to apply for either tier level.

Application and Evaluation Process

- 1. The CFARs are not directly involved in patient care or clinical protocols, as are NIH sponsored Cancer Centers, so the need for geographic distribution of CFAR sites was not felt to be acute, although regional distribution of CFAR center funding could be promoted by the award of funds for smaller developmental applications.
- 2. Multi-site applications should not be denied, but should only be encouraged with exceptional levels of justification and evidence of uniquely organized communications systems. Exceptions to this would be linkages to minority institutions and to international sites, which foster the accomplishment of other important goals of the CFAR program.
- 3. The program announcement (PA) should state guidelines for the formation of multi-site groups and discourage artificially constructed collaborations.
- 4. The PA should emphasize the importance and value of recruiting minority faculty, training minority investigators, and collaborating with minority institutions in the CFAR application.
- 5. The PA should also promote interaction with international sites, training of international investigators, perhaps with links through the Fogarty International Center AIDS International Training Program. This emphasis is critical for developing a larger group of investigators from populations with a particularly high endemic rate of HIV infection.
- 6. The PA should specify the criteria for defining the center type or tier of the applicant. This might include criteria such as the number of dollars in the research base, the number of investigators in the center, or the number of project areas in the application.
- 7. Language should be developed in the PA that distinguishes a developmental award as distinct

from the standard program project-type application.

- 8. The applicant should submit an application that balances the importance of science and the importance of management in the development of a successful center. The focus should be on how the center has facilitated, enhanced, or enriched scientific output from the site. The applicant should give examples of: 1) how leadership changes will be managed, 2) competence in setting criteria for investigator or core lab performance, 3) capacity for budget flexibility, 4) how CFAR leadership will add value to the institution's AIDS research program, and 5) how pilot grants will be awarded. The applications could be enhanced by organizing structure around programmatic themes.
- 9. The PA should emphasize the value of Cores that have a clear focus, and that directly contribute to translational research and establishing well managed and efficient core functions should be emphasized above the overall number and breadth of Cores in a given application.
- 10. Both new and competing renewals should be evaluated by the same study section, and should have the same application format. There should be no restrictions placed on first-time applicants in terms of which tier they choose. While the emphasis on grants from new or renewing centers will be different, this is commonly dealt with by study sections, and the value of comparing applications between sites was felt to outweigh any value of an independent application process.
- 11. Although criteria should not be stipulated in the PA, it is critical for successful ongoing development of the CFAR program that institutional support be generated and sustained. Examples of institutional support should be listed in the program announcement such as: 1) the level of institutional funding, 2) space allocations, 3) co-funding, 4) endowments, and 5) designating the status of a center program in the institutional bylaws.
- 12. Supplemental funding should not be done on a routine basis, and therefore no funds should be saved specifically for this purpose. However, if funds can be identified at the end of the fiscal year, all CFAR directors should be notified of the opportunity to submit a supplemental request. The funds should be distributed based on a consensus opinion of the NIH Steering Committee of Program Officers administering the CFAR program.
- 13. The application process should be simplified by developing a series of tables, grids, and forms that could be part of each application, making the process more uniform and perhaps reduce the text needed to fully describe the organizational plan. The forms and tables should include data detailing the interaction between investigators at the site, and a listing of cores already at the site with a justification for any areas of potential overlap.
- 14. It was concluded that site visits and reverse site visits, while desirable in some instances, were not a necessary component of the evaluation process.
- 15. While much of the value of a center program is intangible, qualitative, and anecdotal, it was felt that more effort should be placed on objectifying the measurement of added value. Examples of the impact of a center program might include: lists of interdisciplinary manuscripts; new grant support

for faculty previously funded by pilot projects; evidence of enhancement of existing programs; the use of core facilities; the number of protocols started within a single institution; other evidence of translational work, such as applications for patents; and evidence of leveraging pilot studies into R01 funding or CFAR support into institutional support. This data should be used to evaluate the level or percentage of funds allocated to center programs in the future.

- 16. Application for CFAR funding should be available on an annual basis, and the number of competing renewals should be evened out so that they are approximately equal each year.
- 17. It was recommended that a uniform mechanism for reporting and evaluation criteria be established regardless of the affiliation of the principal project officer communicating with the site.
- 18. Awards should be for 5 years, but no less. Because of the nature of infrastructure building, shorter period would be difficult to evaluate.

CFAR Administration

- 1. It was stressed that the CFAR program should be a multi-Institute program, and that cooperation among Institute administrations was just as important as the interactions among investigators at an individual site. A steering committee composed of Program Directors of the Institutes cosponsoring CFARS and a representative of OAR was recommended, but each CFAR unit should only report to one designated project officer.
- 2. The mechanism of budgeting and fund allocation for each CFAR site should be uniform.
- 3. If a competing renewal application is not funded, the site should receive bridge funding at a level of 50 per cent of the prior budget for one year to help maintain the infrastructure investment made at the site until a revised application can be evaluated.

CFAR Goals

The CFAR mission statement is clear and appropriate. However, it was recommended that a greater emphasis be placed on some approaches used to accomplish that mission. It was agreed that the primary focus should be to stimulate interactions between established research programs. However, it was felt that more emphasis should be placed on promoting the development of future investigators, either through support and mentoring of junior faculty or attraction of established investigators into the field of HIV-related research. A special emphasis should be placed on training investigators from minority groups and worldwide areas with high endemic rates of HIV infection. It was suggested that the PA list mechanisms for achieving these goals. The list could be generated from strategies already established in the existing CFAR programs and could include other ideas, such as awards or other forms of recognition for outstanding junior faculty members, or mini-sabbaticals for investigators to spend 1-3 weeks at another site to learn a new technique.

Focus Group to Review The Centers for AIDS Research (CFAR) Program National Institutes of Health May 17-18, 1999

Meeting Agenda

Monday, May 17, 1999

12:00 p.m.

Lunch break

8:30 a.m.	Welcome	N. Nathanson, M.D. Director, OAR	
8:45 a.m.	Introduction	B. Graham, M.D., Ph.D. <i>Chair</i>	
9:00 a.m.	Overview of the CFAR program	J. Young, Ph.D. National Institute of Allergy and Infectious Diseases	
9:15 a.m.	CFARs and the NIH Institutes	NIH Institute Presenters	
	National Cancer Institute National Institute of Child Health and Human Development National Institute on Drug Abuse National Institute of Mental Health	J. Bhorjee, Ph.D. P. Reichelderfer, Ph.D. J. Khalsa, Ph.D. D. Rausch, Ph.D.	
9:40 a.m.	Perspective of the CFAR Directors		
	University of Alabama, Birmingham University of California, San Francisco	Eric Hunter, Ph.D. Paul Volberding,M.D.	
10:00 a.m.	Break		
What is the mission of the CFAR in the context of the NIH research agenda?			
10:15 am.	Questions and Discussion		

How can the multidisciplinary goals for the CFARs be best implemented and what should be the role of the NIH Institutes in contributing to these goals?

1:30 p.m. Questions and Discussion

5:00 p.m. Adjournment

May 18, 1999

8:30 a.m. Introduction for Second Day B. Graham, M.D., Ph.D.

8:45 a.m. Budget History of the CFAR Program N. Nathanson, M.D.

What is the appropriate size and funding level for the CFAR program?

9:00 a.m. Questions and Discussion

10:00 a.m. Break

How should the CFAR Program be evaluated?

10:15 a.m. Questions and Discussion

12:00 p.m. Working Lunch

1:00 p.m. Questions and Discussion

3:00 p.m. Focus Group Member Assignments for Report

4:00 p.m. Adjournment

National Institutes of Health Participant Roster

Jaswant Bhorjee, Ph.D.

Program Director Cancer Centers Branch National Cancer Institute

Oren Cohen, M.D.

AIDS Coordinator

National Institute of Allergy and Infectious

Diseases

Katherine Davenny, Ph.D.

Center on AIDS and Other Medical Consequences National Institute on Drug Abuse

Robert Eisinger, Ph.D.

Chair, Therapeutics Coordinating Committee

Office of AIDS Research

Carl Dieffenbach, Ph.D.

Associate Director, Basic Science Program

Division of AIDS

National Institute of Allergy and Infectious

Diseases

Henry L. Francis, M.D.

AIDS Coordinator

National Institute on Drug Abuse

Gray Handley

AIDS Coordinator

National Institute of Child Health and Human

Development

Jag Khalsa, Ph.D.

Center on AIDS and Other Medical Consequences

National Institute on Drug Abuse

Deborah A. Kraut, MILR, M.Ed.

Program Analyst

Office of AIDS Research

Neal Nathanson, M.D.

Director

Office of AIDS Research

Dianne Rausch, Ph.D.

Deputy Director

Office of AIDS Research

National Institute of Mental Health

Pat Reichelderfer, Ph.D.

Contraception and Reproductive Evaluation

Branch

National Institute of Child Health and Human

Development

Jerry Robinson, Ph.D.

Director

Regional Primate Research Centers

and AIDS Animal Models Program

National Center for Research Resources

Elaine Sloand, M.D.

AIDS Coordinator

National Heart, Lung, and Blood Institute

Ellen L. Stover, Ph.D.

Director, Office on AIDS Research and

AIDS Coordinator

National Institute of Mental Health

Fulvia Veronese, Ph.D.

Chair, Etiology and Pathogenesis Coordinating

Committee

Office of AIDS Research

Janet M. Young, Ph.D.

Pathogenesis and Basic Research Branch

Division of AIDS

National Institute of Allergy and Infectious

Diseases

CFAR-Related World Wide Web Sites

The Centers for AIDS Research (CFAR) program at the NIH main website is located at:

http://www.niaid.nih.gov/research/cfar/

CFAR contacts Directors, administrative staff, addresses

NIH contacts for CFARs NIH CFAR steering committee

CFAR mission Statement developed by CFAR Directors

CFAR program announcement PAR-98-043 (March 20, 1998)

CFAR symposia Announcements of CFAR-sponsored scientific workshops

and conferences

The 1999 CFAR Directory website will be available in the near future at:

http://www.niaid.nih.gov/research/cfar/

CFARs-at-a-glance information, including Directors, Administrators, addresses, and e-mail.

For each CFAR:

institutional information, CFAR theme, core designations, and current publications.